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Original Research Article

A Cross-Sectional Survey on Prevalence, Interventions, and Outcomes of Unsafe Abortions in GGH, Kadapa

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Abstract

Objective: Unsafe abortions among the various age groups of women due to unintended pregnancy and socio- economic constraints have a deleterious effect on their reproductive and mental health. Hence, review and modification of safe abortion practices are crucial, owing to the rampant availability of over-the-counter MTP kits and D&C by unskilled professionals resulting in Maternal Mortality and Morbidity. This study provides an estimate of the outcomes of unsafe abortions. ***Methods****:* WHO [1] defines unsafe abortion as the termination of a pregnancy by people lacking the necessary skills, or in an environment lacking minimal medical standards, or both. The present study is a cross-sectional descriptive analysis of outcomes of unsafe abortions at a tertiary care center, GGH Kadapa. The study data includes all the women admitted to the emergency obstetric unit and treated for unsafe abortions between January 2019 to June 2020. Age group of the selected population is between 15-45. The sample included 342 cases of recent induced abortions. The primary outcome of the study is to emphasise the burden, causes, setting and the morbidity of unsafe abortions. ***Results:*** Total number of deliveries that occurred between Jan 2019 to June 2020 is 13787 and the total number of induced abortions during this period was 342. Out of which, 211(61.7%) were unsafe abortions. Among them, 53 women (25.11%) presented with shock. 89 women (42.1%) needed blood transfusions. 8 (3.79%) women went into DIC. One woman had a uterine rupture, and underwent uterine rent repair. Four women had uterine perforation with associated bowel injury. Bowel repair was done in 1 case, and a colostomy was required in 3 cases. Emergency laparotomy was performed in these 5 cases. ***Conclusion:*** Unsafe abortions are one of the leading causes of maternal mortality and morbidity in a developing country like India. This is mainly attributed to socio-economic constraints, poor awareness of contraception, and cultural beliefs against sterilization forcing the pregnant women to indulge in unsafe abortion practices. Creating contraception awareness in reproductive age group, strict laws against unsafe abortion practices are to be implemented to reduce the maternal morbidity and mortality due to unsafe abortions.

Keywords: abortions, pregnancy, mental health, Maternal Mortality and Morbidity.

INTRODUCTION

Abortion is the third largest cause of maternal mortality. Between 2015 and 2019, on average, 73.3 million induced (safe and unsafe) abortions occurred worldwide each year. There were 39 induced abortions per 1000 women aged between 15–49 years. Over half of all estimated unsafe abortions globally were in Asia, most of them in the south and central Asia. India has an estimate of 15.6 million abortions occurring in a year. Each year between 4.7% – 13.2% of maternal deaths can be attributed to unsafe abortion. Among the women who survive unsafe abortion, many suffer from long-term medical complications. Several studies have documented the social, economic and health problems associated with early and unintended pregnancies.

Abortion is defined as the termination of pregnancy in less than 27 weeks of gestation, either spontaneous or induced. Abortion is unsafe when an unwanted pregnancy is terminated by a person lacking the necessary skills or in an environment, not in conformity with minimal medical standards, or both, according to WHO (World Health Organization). More

than half of the unsafe abortions are due to unintended pregnancies. Majority of the abortions occur during the first trimester of pregnancy. As abortion is illegal or legally restricted in many Asian countries, young women turn to unsafe practitioners or resort to dangerous self-induced methods.

The primary method for preventing unsafe abortion is appropriate contraceptive use which faces social, religious, and political obstacles, particularly in developing nations, where most unsafe abortions (97%) occur. Even where these obstacles are overcome, women and health care providers need to be educated about contraception, and their need for a better access to safe abortion and post-abortion services. Otherwise, desperate women, facing the financial burdens and social stigma of unintended pregnancy believe that they have no other option, and will continue to risk their lives by undergoing unsafe abortions.

Although abortions can occur as a complication of pregnancy due to maternal health disorders, most of them are self-induced and hence are a preventable cause of maternal morbidity and mortality. Spontaneous abortions or miscarriage is the expulsion of the fetus before 24 weeks of pregnancy and can occur due to advanced maternal age, hormonal disorders, anomalous fetus, infections, uterine abnormalities, trauma etc., Induced abortions in hospital settings are conducted when the pregnancy is a cause of harm to maternal health, result of contraception failure, rape related pregnancy, and fetus with congenital anomalies incompatible with life (anencephaly, aneuploidy etc.,). However, most of the unintended pregnancies result in unsafe abortions which are self-induced or performed by unskilled practitioners due to the factors mentioned above.

Unsafe abortions pose a critical threat to maternal health and account for majority of the maternal morbidity and mortality, especially in developing countries. Unsafe abortion in pregnant women can lead to uncontrolled bleeding, anaemia, hypovolemic shock requiring multiple blood transfusions, uterine infection leading to septic shock, coagulation abnormalities, DIC, pulmonary embolism, acute kidney injury, uterine perforation, and peritonitis. Despite the availability of medical services to manage abortions, late presentation at hospital, unconventional methods of abortion practice lead to difficulty in the management of unsafe abortion resulting in poor outcomes.

DATA AND METHODS

The cross-sectional study is conducted in the department of obstetrics and gynecology; Government General Hospital, Kadapa. It is a tertiary care center and is a major referral center for all the surrounding rural areas. The region is predominantly agricultural, and the level of literacy, particularly among women, is low.

Data is collected on all the induced abortions that took place from January 2019 to June 2020 in the emergency obstetric unit. The study group includes 342 women admitted for abortion management. Among them, 211 women had unsafe abortions, and 131 women had a medical termination of pregnancy for various medical indications, as mentioned above. Detailed medical history, examination and investigations were carried out. Socio-demographic data such as age, parity and antenatal care were noted. Information on the qualification of the abortion provider and setting, method of the abortion procedure, presentation, need for blood transfusions, need for laparotomy, need for ICU admission, and ventilatory support are taken in women admitted for unsafe abortion. Data obtained was analysed, and the prevalence of complications accounting to maternal morbidity due to unsafe abortions is derived.

RESULTS

It is a cross-sectional descriptive study conducted in the emergency obstetric unit; Government General Hospital, Kadapa. The mean age of women was 26.47 ± 6.23 years in our study. In our study, the majority 172 (78.09%) had a parity of 1-3, 31 (14.69%) women were nulliparous, 8 (3.79%) were grand multipara.

Table 1: Different settings of unsafe abortions and the incidence of complications

Provider Type	**Total number of unsafe abortions provided (211)**	**Number of unsafe abortions resulting in complications**
Untrained Provider/Traditional Practitioner	88 (41.7%)	65 (73.86%)
Nurse/Midwife	77 (36.5%)	42 (54.5%)
Pharmacy (Mtp Kit, Misoprostol)	46 (21%)	35 (76%)
Total	**211**	**142 (67%)**

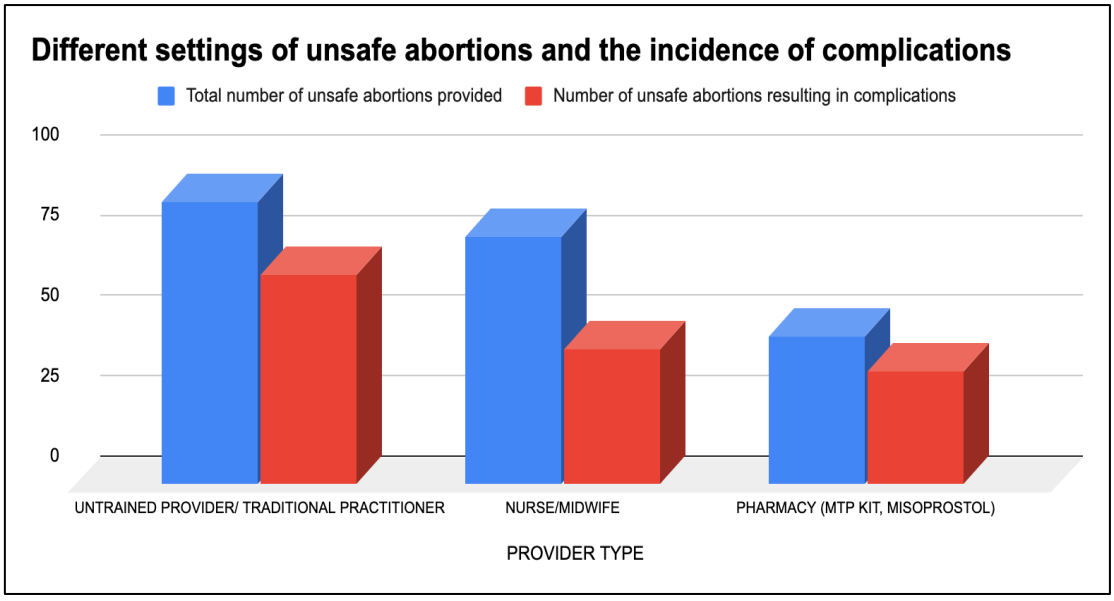


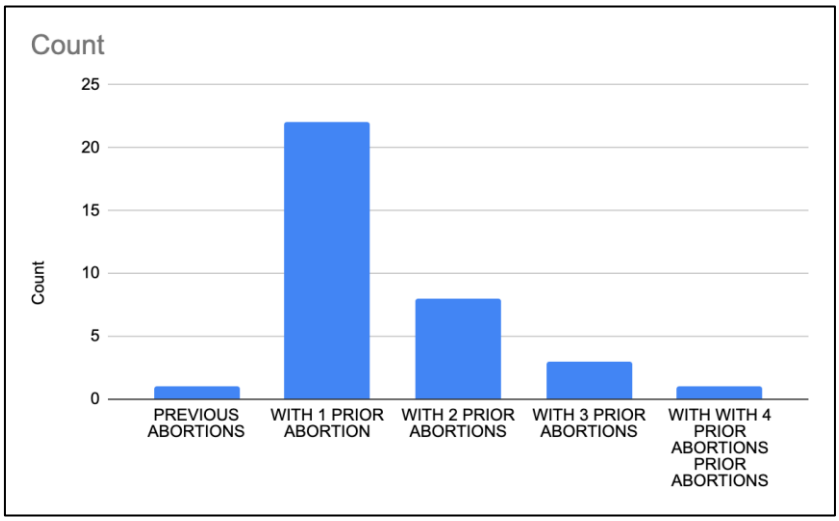
Table 2: Frequency of unsafe abortions in women of different age groups

Age and Marital status	Number of unsafe abortions
Women < 18 years Unmarried Married	28 05 23
Women > 18 years Unmarried Married	183 02 181

From Table 3, the prevalence of unsafe abortions can be calculated as:
Prevalence of unsafe abortions= No. of unsafe abortions/ Total no. of abortions during the time period
Prevalence of unsafe abortions = 211/342 = 61.7%

Table 3: Influence of Parity and previous history of abortions on the frequency of abortions

Parity	No. of hospital induced abortions(MTPs)	No. of unsafe abortions	No. of women with a history of previous abortions
Nulliparous	38 (29%)	31	07
Multiparous	93 (71%)	180	37
Total	**131**	**211**	**44**



Graph: Frequency of unsafe abortions with a prior history of abortion

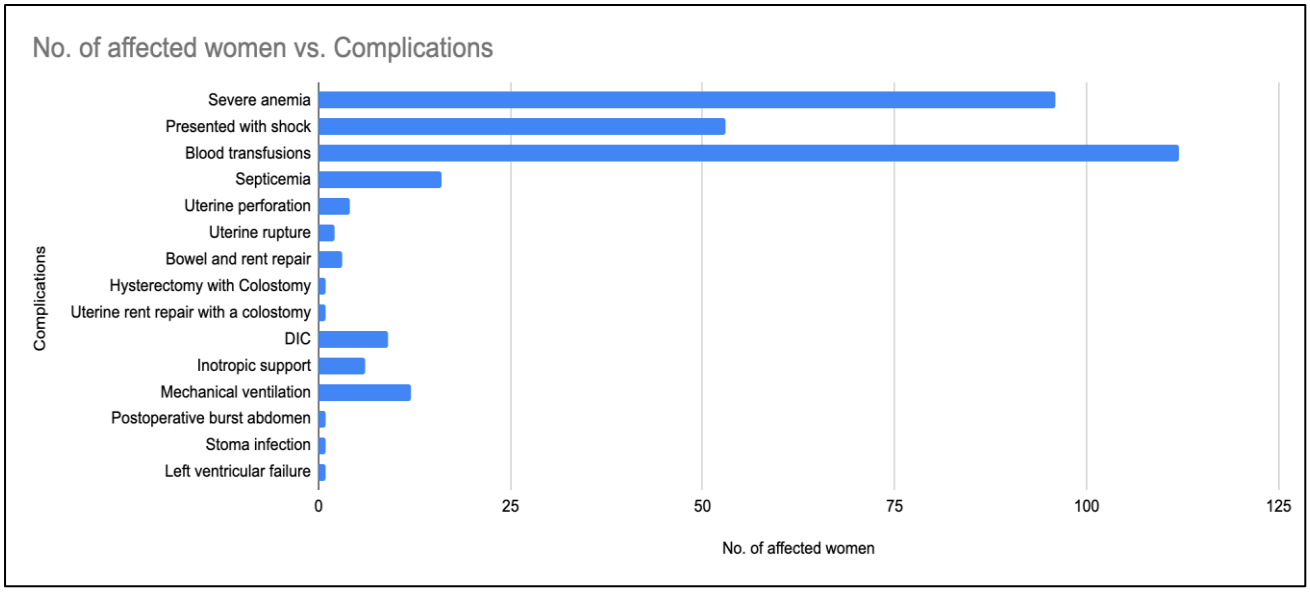
As inferred from Table 4, the prevalence of various complications due to unsafe abortions is calculated as:

Prevalence of a complication due to unsafe abortion = No. of women affected by the complication due to unsafe abortion/ Total no. of unsafe abortions

Prevalence of various complications in unsafe abortions is as follows shock in 53 (25.11%), blood transfusion in 112(53.08%), sepsis 16(8%), uterine perforation 4(1.89%), uterine rutpture 2(0.94%), bowel and rent repair 3(1.42%), Hysterectomy with a colostomy1(0.47%), uterine rent repair with colostomy 1(0.47%), DIC 9(4.26%)**,** Ionotropic support 6(2.84%), Mechanical ventilation 12(5.68%), Postoperative burst abdomen 1(0.47%), Stoma infection 1(0.47%), Left ventricular failure 1(0.47%)

Table 4: Complications in Unsafe abortions

Complications	No. of affected women
Severe anemia	96(45.49%)
Presented with shock	53(25.11%)
Blood transfusions	112(53.08%)
Septicemia	16(8%)
Uterine perforation	4(1.89%)
Uterine rupture	2(0.94%)
Bowel and rent repair	3(1.42%)
Hysterectomy with Colostomy	1(0.47%)
Uterine rent repair with a colostomy	1(0.47%)
DIC	9(4.26%)
Inotropic support	6(2.84%)
Mechanical ventilation	12(5.68%)
Postoperative burst abdomen	1(0.47%)
Stoma infection	1(0.47%)
Left ventricular failure	1(0.47%)



DISCUSSION

Abortions are the third most common cause of maternal mortality and morbidity in India. More than half of it is contributed to unsafe abortions. An accurate estimation of abortion is difficult, which is mainly due to the fact that induced abortion is stigmatised and women are reluctant to report having had one. Unsafe abortions are particularly difficult to measure. The lack of reliable information poses a serious challenge to design evidence-based programs to improve access to safe abortions. Most of the data on unsafe abortions conducted outside the hospital go undocumented. However, as shown by the results of the above study, it is evident that unsafe abortions account for 61.7% of total induced abortions and the complications due to unsafe abortions account for a significant proportion of maternal morbidity. Many unmarried women with a fear of being made a social outcast, approach unskilled/ untrained practitioners seeking either medical or surgical abortions in late gestations landing up in dreadful complications.

Unfortunately, the incidence of dreadful complications like uterine perforation and rupture with

bowel injury, necrosis with the evisceration of intestines through the vagina has increased during my study period. These complications needed immediate medical attention with the need for emergency laparotomy, higher antibiotics, transfusion of blood and blood products, surgical expertise requirement for colostomy.

According to the study of 378 unsafe abortions by Meena Armo (Armo M) [2], the prevalence of complications due to unsafe abortions in Chattisgarh government hospital, are as follows shock in 23 (5.75%), septicemia in 11 (2.75%), majority 206 (51.50%) required surgical intervention.

In a similar study by Susheela Singh (Singh, 2018) [3], across the six surveyed states in India, 4-16% of patients receiving post-abortion care (a fraction of all women having abortions) were being treated for serious complications (including infection of the uterus, injury, perforation, sepsis, and shock). Hence, the results of the above cross-sectional study are consistent with the other studies conducted, estimating the effects of unsafe abortions in India.

CONCLUSION

In the district of Kadapa, where a majority of the population reside in rural areas, high rates of illiteracy especially among women and factors like poor socioeconomic status account for lack of awareness about safe abortion practices, abortion rights and are still dependent on over-the- counter MTP kits, quacks or paramedics for pregnancy termination. Such unsafe abortion practices amount to life-threatening and debilitating maternal complications affecting their reproductive and mental health. It creates a huge burden on public health management, health care providers, and medical centers. Newspapers and Media can play a vital role in creating awareness to remove myths or misconceptions about contraceptive methods, sterilization, and encouraging PPIUCD insertion. Over-the-counter availability of MTP must be banned. Arrangements must be made to increase the resources for institutional abortions. Strict laws must be implemented against the practice of abortion by unskilled workers. Moreover, lack of awareness and stigma related to contraception and family planning result in a large number of unintended pregnancies which are the root cause of abortions. Hence, prevention of unintended pregnancies and unsafe abortions with comprehensive measures by government and public participation in awareness programs helps in reducing the unnecessary maternal mortality and morbidity.

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